



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**PATENT**

12/73  
K. Copy  
10/6/03

In re Application of:

Günther Spatz, et al.

Serial No.: 10/070,715

Filed: August 7, 2002

For: DEVICE AND METHOD FOR  
FILLING CONTAINERS

Examiner: Christopher R. Harmon

Group Art Unit: 3721

Attorney Docket No.: 2169.GLE.PT

CERTIFICATE OF MAILING

I hereby certify that this correspondence along with any attachments referred to or identified as being attached or enclosed is being deposited with the United States Postal Service as First Class Mail (under 37 C.F.R. § 1.8(a)) on the date of deposit shown below with sufficient postage and in an envelope addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450.

September 24, 2003  
Date of Deposit

*Julie K. Morris*  
Signature of registered practitioner or other  
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Julie K. Morris  
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AMENDMENT

MAIL STOP NON-FEE AMENDMENT  
Commissioner For Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Responsive to the Office Action mailed July 8, 2003, the Applicants amend the application as follows:

BEST AVAILABLE COPY



3721

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/070,715
		Filing Date	August 7, 2002
		First Named Inventor	Günther Spatz
		Group Art Unit	3721
		Examiner Name	Christopher R. Harmon
Total Number of Pages in This Submission (including this sheet)	8	Attorney Docket No.	2169.GLE.PT

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Extension of Time Request _____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal _____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:
<input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief		<b>Remarks</b>

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**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Attorney for Applicant	Julie K. Morrise, Registration No. 33,263 MORRISS O'BRYANT COMPAGNI, P.C. 136 South Main Street, Suite 700 Salt Lake City, Utah 84101 (801) 478-0071 telephone; (801) 478-0076 facsimile		
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Signature	<i>Julie K. Morris</i>	Date	9-24-03
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**CERTIFICATE OF MAILING UNDER 37 CFR § 1.8**

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Typed or Printed Name	Julie K. Morrise		
Signature	<i>Julie K. Morris</i>	Date	9-24-03

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